

# January Training Registration Form

**PLEASE SUBMIT FORM TO THE OFFICE OF THE SECRETARY OF THE STATE:  
ROLLING REGISTRATION THROUGH MONDAY, JANUARY 7<sup>TH</sup>.**

TOWN: \_\_\_\_\_

NAMES of REGISTRARS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

<b><u>Classes will be filled on a first come, first serve basis. Registration is not complete until you receive confirmation for a class. Training will be confirmed via fax within 48 hours upon receipt.</u></b>
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**PLEASE SEE THE ATTACHED CALENDAR FOR TRAINING DATES AND TIMES.**

PLEASE PRINT NAME and TITLE:

CLASS DATE, LOCATION, and TIME:

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**Please attach a second page if more space is required.**

**PLEASE NOTE:** Classes must have a minimum of 5 attendees registered in order to proceed with the session. If this minimum is not met the class will be cancelled and attendees will be asked to reschedule. Thank you.

**FAX to (860) 509-6127 or (860) 509-6230**  
**ATTN: Kristina Pink**  
**[ostaining.sots@po.state.ct.us](mailto:ostaining.sots@po.state.ct.us)**